

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

THIS	SPACE	FOR	OFFICE	LISE	ONLY	,

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STATE OF HAWAR STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
RADCLIFFE	JOHN	н.	808/531-4551	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREE	ET, SUITE 401		808/533-4601	
(City)	(State)	(Zip	Code)	
HONOLULU	HAWAII	9681	3-2453	
EMPLOYING ORGANIZATION (F	ity which has been retained to lobby)	TELEPHONE		
CAPITOL CONSULTANTS OF	HAWAH		808/531-4551	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREE	ET,SUITE 401		808/533-4601	
(City)	(State)	(Zip	Code)	
HONOLULU	HAWAII	968	3-2453	
				

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU	TELEPHONE 703/684-1110	
HEWLETT PACKARD C/O MULTI		
MAILING ADDRESS (Street)	FAX	
515 KING STREET, SUITE 300		
(City)	(State)	(Zip Code)
ALEXANDRIA	22314	
NAME OF PERSON RESPONSIBLE F	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 703/684-1110
PAUL HALLMAN	,	
MAILING ADDRESS (Street)		FAX
515 KING STREET, SUITE 300		

 (Sixte) (State)	(City) (State) (Zin Code)	(City) (State) (Zin Code)		` ,	, , ,	
	(City) (State) (Zip Code)	(City) (State) (Zip Code)	ALEXANDRIA	VA	22314	

PAR	T III DESCRIPT	ION OF SU	BJECTS UPON WHIC	CH YOU	J EXPECT TO LOBBY	7		
[]	Agriculture	[]	Education	[]	Human Services	[X]	Science, Technology & Economic Development	
[]	Communications & Public Utilities	[]	Government Operations & Finance	[]	Intergovernmental Relations	s, []	Tourism & Recreation	
[]	Consumer Protection & Commerce	[]	Hawaiian Affairs	[]	Labor & Employment	[]	Transportation	
[]	Culture, Arts, Historic Preservation	[]	Health	[]	Planning, Land & Water Use Management	[]	Other: (indicate below)	
[]	Ecology, Energy Environmental Protect	[] tion	Housing	[]	Public Safety & Corrections			
				,				
PAR	T IV CERTIFIC	ATION OF	LOBBYIST					
	I hereby certify th	at the inform	nation furnished above	is, to t	he best of my knowled	ge, corre	ct and complete.	
(Date) 3 /2 8/05								
	(Date) 3/2 8/03							
PAR	PART V AUTHORIZATION TO LOBBY							
NAME				TIT	LE OF AUTHORIZING OFF	ICER OR	PERSON REPRESENTED	
PAU	PAUL HALLMAN PRESIDENT/ MULTISTATE ASSOCIATES, INC.							
NAMI	OF ORGANIZATION	l (if applicable)				TELEPHO	ONE 703/684-1110	
	HEWLETT PACKARD C/O MULTISTATE, INC.							
HEVV	LETT PACKARD C/O	MULIISTATE	, INC.					
MAIL	ING ADDRESS (Stree	t)				FAX		
515 K	ING STREET, SUITE	300						
	(City)		(State)		(Zip C	ode)		
	ALEXANDRIA		VA		:	22314		
	I hereby authorize	the above	- na/ned person to\en	gage in	lobbying activities on l	behalf of	the undersigned.	
		1 and	Authorizing Officer or Person	-			3/23/05	